

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039490

FILED
Apr 14, 2009
Secretary of State

Entity Name: BACKOFFICE PROFITS LLC

Current Principal Place of Business:

ELIZABETH M. LIPKO
525 3RD STREET NORTH, UNIT 314
JAX BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

ELIZABETH M. LIPKO
525 3RD STREET NORTH, UNIT 314
JAX BEACH, FL 32250

New Mailing Address:

ELIZABETH M. LIPKO
PO BOX 551337
JACKSONVILLE, FL 32255 13

FEI Number: 26-4407592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPKO, ELIZABETH M
525 3RD STREET NORTH
UNIT 314
JAX BEACH, FL 32250 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIPKO, ELIZABETH M
Address: 525 3RD STREET NORTH, UNIT 314
City-St-Zip: JAX BEACH, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: TRAVIS, HUNT L
Address: PO BOX 551337
City-St-Zip: JACKSONVILLE, FL 32255 13

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIZABETH M LIPKO

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date